

ACTIVE DUTY FOR HEALTH CARE (ADHC) MESSAGE TEMPLATE

R DTGXXXXXXZ MMM YY

FM DISTRICT//DXR// OR PACAREA//PAC-13//

TO COMCOGARD PSC ARLINGTON VA//RPM//

INFO

T10/14 CAP MANAGER (if applicable)

CURRENT DUTY STATION DISTRICT DXR (if TDY)

CURRENT DUTY STATION SPO (if TDY)

PERMANENT DUTY STATION

PERMANENT DUTY STATION DISTRICT DXR

COMDT COGARD WASHINGTON DC//1311//

COGARD HSWL SC NORFOLK VA

COMLANTAREA COGARD PORTSMOUTH VA//LANT-1// (if applicable)

COMCOGARD FORCECOM ALAMEDA CA//FC-1// (if applicable)

BT

UNCLAS

SUBJ: REQUEST FOR ADHC / ADHC EXTENSION (choose one)

A. ALCGRSV 061/10 – ACTIVE DUTY FOR HEALTH CARE

1. Per REF A, the following information is provided:

A. Member first and last name, rank, EMPLID:

B. Permanent duty station:

C. Date illness/injury occurred: DDMMYY

D. Member duty type and orders duration when illness/injury occurred (e.g., IDT, ADT-AT, IADT, ADT-OTD):

E. Date line of duty (LOD) determination completed: DDMMYY

F. Estimated duration of ADHC orders (months):

G. Member does/does not require over 16/18 year active duty waiver:

H. Date medical board initiated (if applicable): DDMMYY

I. MISHAP RNO and Class:

J. HSWL clinic POC (name and phone number):

K. Unit POC (name and phone number):

L. Dxr POC (name and phone number):

M. Nearest MTF to member's home:

N. Nearest MTF to member's permanent unit:

O. If requesting extension - initial ADHC effective dates (start/stop): DDMMYY-DDMMYY

P. If requesting extension - ADHC extension number requested (e.g., first, second, etc.)

Q. If requesting extension – request ADHC extension for 30/60/90 days (choose one)

2. Request above member be placed on ADHC orders for x (line f) months under authority of title 10 USC 12322.

3. Date supporting documentation was sent to ARL-DG-CGPSC-RPM_Reserve_Medical@uscg.mil: DDMMYY

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